

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

101582269

APPLICANT(S)

Official docket 34

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/		/				52						
3	/		/				53						
4	/		/				54						
5	4						55						
6	4		/				56						
7	/		/				57						
8	/		/				58						
9							59						
10	/		/				60						
11	3		/				61						
12	1						62						
13	1						63						
14	/						64						
15	/						65						
16							66						
17							67						
18	6						68						
19	20						69						
20	1						70						
21	/						71						
22	/						72						
23	1						73						
24	1						74						
25	1						75						
26	1						76						
27							77						
28	1						78						
29	1						79						
30							80						
31	1						81						
32	1						82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	9	↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	31	←	7	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	60	██████████	9	██████████		██████████	TOTAL CLAIMS	██████████	██████████		██████████	██████████	██████████